

MULTIPLE DEPEN. CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

01575291

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	
2			C	C		
3					1	
4						
5						
6						
7						
8					1	
9						
10					1	
11						
12						
13						
14						
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42						
43						
44						
45						
46						
47						
48						
49						
50	1					
TOTAL IND.			7			
TOTAL DEP.			32			
TOTAL CLAIMS			39			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56	C	C				
57			1			
58						
59						
60						
61						
62					1	1
63						
64						
65						
66						
67						
68					1	
69						
70					1	
71						
72					1	
73					1	
74						
75						
76						
77						
78						
79	C	C				
80						
81						
82						
83						
84						
85						
86						
87						
88					1	
89						
90						
91						
92						
93						
94						
95					1	
96					1	
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						